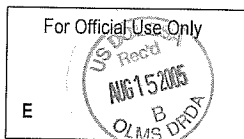


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6148</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Rob</u> <u>Gober</u> P.O. Box, Bldg., Room No., if any Street <u>115 South Oakleaf Road</u> City <u>Algonquin</u> State <u>Illinois</u> ZIP Code + 4 <u>60102</u>	4. Name, file number, and address of labor organization. Name <u>BAC Local # 27</u> Labor Organization File Number <u>030-962</u> P.O. Box, Building and Room Number, if any <u>Unit 16</u> Street <u>450 Shepard Drive</u> City <u>Elgin</u> State <u>Illinois</u> ZIP Code + 4 <u>60123</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State <u>Illinois</u> ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Rob Gober On 8-9-05 (847) 772-8130
Date Telephone Number

Name of Person Filing Rob Gober	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Fox Valley Construction Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 28 North First Street</p> <p>City Geneva</p> <p>State Illinois ZIP Code + 4 60134</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>BAC Local 27 Union is a participating local in the Fox Valley Construction Workers Pension Fund. I am a trustee on the Pension Fund</p> <p>11.b. Approximate dollar value of such dealing. \$0</p> <p>12.a. Nature of interest held or income received.</p> <p>The Fund provided working lunches for six Board meetings held in 2004. The estimated cost of the six lunches provided is \$44.</p> <p>12.b. Amount. \$44</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Fox Valley Construction Workers Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 28 North First Street

City Geneva

State Illinois ZIP Code + 4 60134

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

BAC Local 27 is a participating local in the Fox Valley Construction Workers Welfare Fund. I am a trustee on the Welfare Fund.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

The Fund provided working lunches for the five Board meetings held in 2004. The estimated cost of the five lunches provided is \$33,

12.b. Amount.

\$33